

EXHIBIT A

(Part 1 of 4)

Policy Number
2441886561

Renewal of Number
2441873745

Crum & Forster
A FAIRPAX Company

COMMON POLICY DECLARATIONS
UNITED STATES FIRE INSURANCE COMPANY

Item 1. Named Insured and Mailing Address

COPART INC.
4665 BUSINESS CENTER DRIVE
FAIRFIELD CA 94534-0000

Agent Name and Address

MARSH GLOBAL BROK/SF
1 CALIFORNIA STREET
SAN FRANCISCO CA 94111

RETURN TO
COMPANY
IF CANCELLED

Item 2. Policy Period

From: 10-01-2005

To: 10-01-2006

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description: AUTO SALVAGE

Form of Business: CORPORATION

Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial Property Coverage Part	\$ 306,250.00
Commercial General Liability Coverage Part	\$ NOT COVERED
Commercial Crime Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Auto (Business or Truckers) Coverage Part	\$ NOT COVERED
Commercial Garage Coverage Part	\$ NOT COVERED
	\$
	\$
	\$

TAX OR SURCHARGE \$ 557.10 Total Policy Premium \$ 306,807.10

☐ Direct Bill ☐ See Premium Payment Schedule

Client No. 1055476

Audit Period: Annual (unless otherwise stated):

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Other (Describe)

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned:

Date: 12-14-05 By:

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 12-14-05 BY 60322 NLS/STP
EXCEPT WHERE SHOWN OTHERWISE
THIS DOCUMENT IS IN THE PUBLIC DOMAIN
AND IS NOT TO BE REPRODUCED OR
TRANSMITTED IN ANY FORM OR BY ANY
MEANS, ELECTRONIC OR MECHANICAL,
INCLUDING PHOTOCOPYING, RECORDING,
OR BY ANY INFORMATION STORAGE AND
RETRIEVAL SYSTEM, WITHOUT PERMISSION
IN WRITING FROM THE NATIONAL ARCHIVES
ADMINISTRATIVE SERVICE CENTER
COLLIERIE BUILDING
COLLEGE PARK, MD 20740-6001
1-800-837-2672

CERTIFIED COPY
Authorized Representative

POL 0218

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY

mb 1/23/06

Policy Number
2441886561

Crum & Forster
A FAIRFAX Company

SCHEDULE OF FORMS AND ENDORSEMENTS
UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-2005

Agent Name MARSH GLOBAL BROK/SF

12:01 A.M., Standard Time
Agent No. 80835

Form ID	Edition Date	Form Name
FM 206.0.6	04 94	COMMON POLICY DECLARATION
FM 206.0.2	04 94	SCHEDULE OF FORMS AND ENDORSEMENTS
CP 00 90	07 88	COMMERCIAL PROPERTY CONDITIONS
FM 600.0.960	04 94	COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DEC
FM 206.0.5	11 99	ENDORSEMENT FORM A - FLORIDA INS PREM SURCHARGE
FM 206.0.5	11 99	ENDORSEMENT FORM B - COMMERCIAL PROPERTY COVERAGE
FM 206.0.5	11 99	ENDORSEMENT FORM C - SUB-LIMITS OF INSURANCE ENDT
FM 206.0.5	11 99	ENDORSEMENT FORM D - STOCK VALUATION ENDT
FM 206.0.5	11 99	ENDORSEMENT FORM E - ADDITIONAL FORM
FM 206.0.5	11 99	ENDORSEMENT FORM F - MINIMUM PREMIUM ENDORSEMENT
FM 600.0.1168	06 01	POLICY LIMIT OF INSURANCE
IL 00 17	11 98	COMMON POLICY CONDITIONS
FM 206.0.11	07 04	SIGNATURE PAGE - US FIRE
FM 206.0.3	04 94	SCHEDULE OF LOCATIONS
FM 206.0.1	04 94	SCHEDULE OF NAMED INSURED
FM 206.0.8	04 94	SCHEDULE OF TAXES, SURCHARGES OR FEES
IL 09 98	05 04	DISCLOSURE OF PREMIUM FOR CERTIFIED ACTS OF TERRORISM COVERAGE
FM 600.0.1192	08 05	FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION
IL 09 56	11 02	EXCLUSION OF CERTIFIED ACTS AND OTHER ACTS OF TERRORISM
CP 00 10	10 00	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP 00 30	10 00	BUSINESS INCOME (AND EXTRA EXPENSE) COV FORM
CP 10 30	10 00	CAUSES OF LOSS - SPECIAL FORM
FM 300.0.843	09 04	FLOOD ENDORSEMENT
FM 300.0.842	08 01	EARTHQUAKE ENDORSEMENT
IL 04 15	04 98	PROTECTIVE SAFEGUARDS
CP 03 21	06 95	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
CP 04 05	10 00	ORDINANCE OR LAW COVERAGE
IL 01 04	02 04	CALIFORNIA CHANGES
IL 01 03	07 02	CALIFORNIA CHANGES - ACTUAL CASH VALUE
IL 02 70	07 02	CALIFORNIA CHANGES - CANCELLATION AND NONRENEWAL
CP 10 39	07 88	SPRINKLER LEAKAGE - EARTHQUAKE EXTENSION
FM 600.0.1191	08 05	CYBER RISK EXCLUSION

COMMERCIAL PROPERTY

COMMERCIAL PROPERTY CONDITIONS

This Coverage Part is subject to the following conditions, the Common Policy Conditions and applicable Loss Conditions and Additional Conditions in Commercial Property Coverage Forms.

A. CONCEALMENT, MISREPRESENTATION OR FRAUD

This Coverage Part is void in any case of fraud by you as it relates to this Coverage Part at any time. It is also void if you or any other insured, at any time, intentionally conceal or misrepresent a material fact concerning:

1. This Coverage Part;
2. The Covered Property;
3. Your interest in the Covered Property; or
4. A claim under this Coverage Part.

B. CONTROL OF PROPERTY

Any act or neglect of any person other than you beyond your direction or control will not affect this insurance.

The breach of any condition of this Coverage Part at any one or more locations will not affect coverage at any location where, at the time of loss or damage, the breach of condition does not exist.

C. INSURANCE UNDER TWO OR MORE COVERAGES

If two or more of this policy's coverages apply to the same loss or damage, we will not pay more than the actual amount of the loss or damage.

D. LEGAL ACTION AGAINST US

No one may bring a legal action against us under this Coverage Part unless:

1. There has been full compliance with all of the terms of this Coverage Part; and
2. The action is brought within 2 years after the date on which the direct physical loss or damage occurred.

E. LIBERALIZATION

If we adopt any revision that would broaden the coverage under this Coverage Part without additional premium within 45 days prior to or during the policy period, the broadened coverage will immediately apply to this Coverage Part.

F. NO BENEFIT TO BAILEE

No person or organization, other than you, having custody of Covered Property will benefit from this insurance.

G. OTHER INSURANCE

1. You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this Coverage Part. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limit of Insurance under this Coverage Part bears to the Limits of Insurance of all insurance covering on the same basis.
2. If there is other insurance covering the same loss or damage, other than that described in 1. above, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Insurance.

H. POLICY PERIOD, COVERAGE TERRITORY

Under this Coverage Part:

1. We cover loss or damage commencing:
 - a. During the policy period shown in the Declarations; and
 - b. Within the coverage territory.
2. The coverage territory is:
 - a. The United States of America (including its territories and possessions);
 - b. Puerto Rico; and
 - c. Canada.

POL 0220

**I. TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

If any person or organization to or for whom we make payment under this Coverage Part has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing:

1. Prior to a loss to your Covered Property or Covered Income.
2. After a loss to your Covered Property or Covered Income only if, at time of loss, that party is one of the following:
 - a. Someone insured by this insurance;
 - b. A business firm:
 - (1) Owned or controlled by you; or
 - (2) That owns or controls you; or
 - c. Your tenant.

This will not restrict your insurance.

POL 0221

Policy Number
2441886561

Crum Forster
A LAFAYETTE Company

COMMERCIAL PROPERTY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-05

Agent Name MARSH GLOBAL BROK/SF

12:01 A.M., Standard Time
Agent No. 80835

Item 1. Business Description: AUTO SALVAGE

Item 2. Premises Described:

See Schedule of Locations

Item 3. \$250 Deductible unless otherwise indicated.

Item 4. Coverages Provided

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
ALL	001	BUILDING SUBLIMITS AS PER FM 206.0.5 11-99	\$ 2,500,000	SPECIAL	

Other Provisions

☐ Agreed Value: Expires: ☒ Replacement Cost
☐ Business Income Indemnity: Monthly Limit Period: Maximum ☐ Inflation Guard: %
☐ Reporting Extended
Deductible: PER FM 206.0.5 Earthquake Deductible: % Exceptions

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
ALL	001	BUSINESS PERS PROP, EDP	\$2,500,000	SPECIAL	

Other Provisions

☐ Agreed Value: Expires: ☒ Replacement Cost
☐ Business Income Indemnity: Monthly Limit Period: Maximum ☐ Inflation Guard: %
☐ Reporting Extended
Deductible: PER FM 206.05 Earthquake Deductible: % Exceptions

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
ALL	001	BUS INC OTHER THAN RENTAL	\$ 2,500,000	SPECIAL	

Other Provisions

☐ Agreed Value: Expires: ☐ Replacement Cost
☐ Business Income Indemnity: Monthly Limit Period: Maximum ☐ Inflation Guard: %
☐ Reporting Extended
Deductible: Earthquake Deductible: % Exceptions
24 Hour-ADV Time Element Waiting Period

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD

FM 600.0.960 04 94

POL 0222

Policy Number
2441886561

Crum & Forster
A FAIRFAX Company

ENDORSEMENT
UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-05

Agent Name MARSH GLOBAL BROK/SF

12:01 A.M., Standard Time
Agent No. 80835

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT - A

FLORIDA INSURANCE PREMIUM SURCHARGE

IN ACCORDANCE WITH FLORIDA LEGISLATION (BILL #SB1858) PASSED, EFFECTIVE 5-1-93, THERE IS A \$4.00 SURCHARGE IMPOSED ON THIS POLICY. THIS SURCHARGE WILL BE REMITTED TO THE DEPARTMENT OF REVENUE FOR THE EMERGENCY MANAGEMENT, PREPAREDNESS AND ASSISTANCE TRUST FUND. ADDITIONAL PREMIUM SURCHARGE: \$4.00

All other terms and conditions of this Policy remain unchanged.
(The information below is required to be completed only when this endorsement is issued subsequent to the policy effective date).
Effective _____, this endorsement forms part of Policy Number _____
Of _____
Issued to: _____
Endorsement No: _____

Authorized Representative

Policy Number
2441886561

Crum & Forster
A FAIRFAX Company

ENDORSEMENT
UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-05

Agent Name MARSH GLOBAL BROK/SF

12:01 A.M., Standard Time
Agent No. 80835

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL PROPERTY COVERAGE - ENDT B

Coverage refer to form FM 600.0.960 (04 94)

Total Insurable Values (TIV)

Property Damage \$419,204,352

Business Interruption/Extra Expense \$ 5,267,959

Total \$424,472,311

Peril:

All risks of direct physical loss or damage including Earthquake, EQSL and Flood

Policy Limit:

\$2,500,000 per occurrence and in the annual aggregate as respects Earthquake, EQSL and Flood

Sub-limits:

As per Sub-limits of Insurance FM 206.0.5 11 99 attached.

Deductible(s)

AOP: \$100,000 per occurrence 24- ADV Time Element

Earthquake: 5%, Minimum \$100,000

Flood: 5%, Minimum \$100,000

Wind/Hail 5%, Minimum \$100,000

All other terms and conditions of this Policy remain unchanged.

(The information below is required to be completed only when this endorsement is issued subsequent to the policy effective date.)

Effective this endorsement forms part of Policy Number

Of

Issued to:

Endorsement No:

Authorized Representative

FM 206.0.5 (1199)

POL 0224

Policy Number
2441886561

Crum & Forster
A FAIRFAX Company

ENDORSEMENT
UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-05

12:01 A.M., Standard Time

Agent Name MARSH GLOBAL BROK/SF

Agent No. 80835

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT - C

SUB-LIMITS OF INSURANCE

Extra Expense	\$Inc. in RJ
Owned Stock Held for Sale	\$1,000,000
Leasehold Interest	\$ 250,000
Premises Services	\$ 100,000
Dependent Property-Unscheduled Loss	\$ 250,000
Additional Expense Soft Cost	\$ 100,000
Debris Removal	\$1,000,000
Pollutant Cleanup and Removal	\$ 10,000
Property in Transit-Combined Property damage and Time Element	\$ 500,000
Property at Exhibition	\$ 50,000
Consequential Loss	\$ 250,000
Accounts Receivable	\$ 100,000
Valuable Papers	\$ 100,000
Inventory of Appraisal Expense	\$ 15,000
Architect and Engineering Fees	\$ 50,000
Ordinance or Law	\$1,000,000
Radioactive contamination-combined PD & TE	\$ 50,000
Expediting Expense	\$ 25,000
Errors or omissions	\$ 100,000
Earthquake Sprinkler Leakage	\$1,000,000
Loss to objects-not to exceed-Boiler and Machinery	\$1,000,000
Ammonia Contamination	\$ 25,000
Water Damage	\$ 25,000
Earthquake per occurrence /annual aggregate	\$1,000,000
Flood per occurrence/annual aggregate	\$1,000,000
Personal property of officers & employees (not to exceed \$1,000 per person)	\$ 25,000
Miscellaneous Unreported Locations	\$ 50,000
Inventory-Off Site	\$ 500,000

All other terms and conditions of this Policy remain unchanged.

(The information below is required to be completed only when this endorsement is issued subsequent to the policy effective date).

Effective this endorsement forms part of Policy Number

Of

Issued to:

Endorsement No

Authorized Representative

Policy Number
2441886561

Crum & Forster
A FAIRFAX Company

ENDORSEMENT
UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.
Agent Name MARSH GLOBAL BROK/SF

Effective Date: 10-01-05
12:01 A.M., Standard Time
Agent No. 80835

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT D

VALUATION:

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE VALUATION ON STOCK IS AMENDED AS FOLLOWS:

STOCK (MOTOR VEHICLES HELD FOR SALE OR RESALE BY THE
INSURED) - THE LESSOR OF:

1. ACV
2. ACV COST TO REPAIR
3. APPRAISAL VALUE ACCORDING TO THE COPART "PROQUOTE"
SYSTEM.

All other terms and conditions of this Policy remain unchanged.
(The information below is required to be completed only when this endorsement is issued subsequent to the policy effective date).
Effective _____, this endorsement forms part of Policy Number _____
Of _____
Issued to: _____
Endorsement No: _____

Authorized Representative

Policy Number
2441886561

Crum & Forster
A FAIRFAX Company

ENDORSEMENT
UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-05
12:01 A.M., Standard Time
Agent No. 80835

Agent Name MARSH GLOBAL BROK/SF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT FORM - E

The following forms are added to schedule of forms:

FM 600.0:910 01-91 - BOILER AND MACHINERY COVERAGE FORM

All other terms and conditions of this Policy remain unchanged.

(The information below is required to be completed only when this endorsement is issued subsequent to the policy effective date).

Effective _____, this endorsement forms part of Policy Number _____

Or

Issued to:

Endorsement No:

Authorized Representative

Policy Number
2441886561

Crum & Forster
A FAIRFAX Company

ENDORSEMENT
UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-05

Agent Name MARSH GLOBAL BROK/SF

12:01 A.M., Standard Time
Agent No. 80835

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT - F

MINIMUM PREMIUM ENDORSEMENT

IT IS AGREED IN THE EVENT OF CANCELLATION OF THIS POLICY BY THE INSURED AS SPECIFIED HEREIN, OR FOR NON-PAYMENT OF PREMIUM, THE MINIMUM PREMIUM WILL BE NOT LESS THAN TWENTY-FIVE PERCENT (25%) OF THE ANNUAL PREMIUM.

All other terms and conditions of this Policy remain unchanged.

(The information below is required to be completed only when this endorsement is issued subsequent to the policy effective date).

Effective _____, this endorsement forms part of Policy Number _____

Or

Issued to:

Endorsement No: _____

Authorized Representative

Policy Number 244-18865612

Effective 10-01-05

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY LIMIT OF INSURANCE

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART
COMMERCIAL CRIME COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART

The following is an addition to the LIMITS OF INSURANCE section.

POLICY LIMIT OF INSURANCE

\$2,500,000 Per Occurrence (Primary)

Sub-limits:

Earthquake - \$1,000,000 per occurrence/annual aggregate

EQSL - \$1,000,000 per occurrence/annual aggregate

Flood - \$1,000,000 per occurrence/annual aggregate

Boiler & Machinery - \$1,000,000

The maximum limit of insurance that we will pay under this policy for any one occurrence as a result of covered loss or damage, regardless of the number of locations, coverages, causes of loss or coverage parts insured, shall not exceed the limit shown above.

Further, any Sublimits of Insurance in this policy or other specified limits of insurance contained in the forms, endorsements and extensions attached to this policy are per occurrence, unless otherwise indicated, and are part of and not in addition to this Policy Limit of Insurance.

IL 00 17 11 98

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions:

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

POL 0230

IL 00 17 11 98

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Page 1 of 1

□

United States Fire Insurance Company
A Delaware Corporation
Home Office: Wilmington, DE

(A Capital Stock Company)

SIGNATURE



Joseph F. Braunstein, Jr.
President

SIGNATURE



Valerie J. Gasparik
Secretary

Policy Number
2441886561

Crum & Forster
A FAIRFAX Company

SCHEDULE OF LOCATIONS

UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-2005

Agent Name MARSH GLOBAL BROK/SF

12:01 A.M., Standard Time
Agent No. 80835

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
		AS PER SCHEDULE ON FILE WITH COMPANY	

Policy Number
2441886561

Crum Forster
A FAIRFAX Company

SCHEDULE OF NAMED INSUREDS
UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-05

Agent Name MARSH GLOBAL BROK/SF

12:01 A.M., Standard Time
Agent No. 80835

FM 206.0.6 (cont.)

THE NAMED INSURED ON FORM FM 206.0.6 IS AMENDED TO READ:

COPART INC.
COPART OF ARIZONA, INC.
COPART OF ARKANSAS, INC.
COPART OF CONNECTICUT, INC.
COPART OF HOUSTON, INC.
COPART OF KANSAS, INC.
COPART OF LOUISIANA, INC.
COPART OF MISSOURI, INC.
COPART OF OKLAHOMA, INC.
COPART OF TENNESSEE, INC.
COPART OF TEXAS, INC.
COPART OF WASHINGTON, INC.
COPART-DALLAS, INC.
COPART-HOUSTON, INC.
DALLAS COPART SALVAGE AUTO
AUCTIONS, LP
HOUSTON COPART SALVAGE AUTO
AUCTIONS, LP
COPART SALVAGE AUTO AUCTIONS,
INC.
COPART LAND HOLDINGS, LLC
CPRT LAND HOLDINGS, INC.
MOTORS AUCTION GROUP, INC.
COPART FINDER, INC.
COPART CREDIT ACCEPTANCE
CORP.
COPART OF CANADA, INC. AND
VB2, INC.

Policy Number
2441886561

Crum & Forster
A **FAIRFAX** Company

SCHEDULE OF TAXES, SURCHARGES OR FEES

Named Insured COPART INC.

Effective Date: 10-01-2005

Agent Name MARSH GLOBAL BROK/SF

12:01 A.M., Standard Time
Agent No. 80835

TAXES/SURCHARGES DETAILED BREAKDOWN :

FLORIDA FIRE MARSHALL	\$	33.89
FLORIDA EMERGENCY MANAGEMENT	\$	4.00
Kentucky Firefighters	\$	48.77
New Jersey Property\Liability Guaranty Association	\$	104.88
New York Fire Fee	\$	61.40
Oregon Insurance Guarantee Association surcharge	\$	35.93
West Virginia Firefighters	\$	8.15
Kentucky Municipal Tax	\$	260.08

TOTAL TAXES/SURCHARGES: \$ 557.10

POLICY NUMBER: 2441886561

IL 09 98 05 04

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT OF 2002. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

**DISCLOSURE OF PREMIUM THROUGH 12/31/05 FOR
CERTIFIED ACTS OF TERRORISM COVERAGE
(PURSUANT TO TERRORISM RISK
INSURANCE ACT OF 2002)**

SCHEDULE

Terrorism Premium (Certified Acts) through 12/31/05 \$ NOT APPLICABLE

Additional information, if any, concerning the terrorism premium:

YOU HAVE REJECTED COVERAGE FOR ACTS OF TERRORISM (AS DEFINED IN SECTION 102(1) OF THE TERRORISM RISK INSURANCE ACT OF 2002). THIS POLICY CONTAINS ONE OR MORE EXCLUSIONS THAT APPLY TO ACTS OF TERRORISM.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act of 2002, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under that Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

POL 0235

IL 09 98 05 04

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Page 1 of 2

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C. Possibility Of Additional Premium

The premium for certified acts of terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Terrorism Risk Insurance Act of 2002. The federal program established by the Act is scheduled to terminate at the end of 12/31/05 unless extended by the federal government. Continuation of coverage for certified acts of terrorism,

or termination of such coverage, will be determined upon disposition of the federal program, subject to the terms and conditions of the Conditional Exclusion on this policy. If coverage continues past 12/31/05, we will calculate the premium for such period of time and charge additional premium if indicated.

If we notify you of an additional premium charge, the additional premium will be due as specified in such notice.

Policy Number
2441886561

Crum & Forster
A FAIRFAX Company

ENDORSEMENT
UNITED STATES FIRE INSURANCE COMPANY

Named Insured COPART INC.

Effective Date: 10-01-2005

Agent Name MARSH GLOBAL BROK/SF

12:01 A.M., Standard Time
Agent No. 80835

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION

This endorsement modifies insurance provided under the following:

PRIMARY COVERAGE FORM

- A. The following exclusion is added and is therefore **not** a Covered Cause of Loss:

"Fungus", Wet Rot, Dry Rot and Bacteria

Presence, growth, proliferation, spread or any activity of "fungus, wet or dry rot or bacteria.

But if "fungus", wet or dry rot or bacteria results in a "specified cause of loss", we will pay for the loss or damage caused by that "specified cause of loss".

This exclusion does not apply when "fungus", wet or dry rot or bacteria results from fire or lightning.

- B. The following DEFINITION is added:

"Fungus" means any type or form of fungus, including mold or mildew, and any microtoxins, spores, scents or by-products produced or released by fungi.

All other terms and conditions of this Policy remain unchanged.

(The information below is required to be completed only when this endorsement is issued subsequent to the policy effective date).

Effective _____, this endorsement forms part of Policy Number _____

Of _____

Issued to: _____

Endorsement No: _____

Authorized Representative